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ABSTRACT

Research points to two major deficits in the juvenile offender: behavioral (minimal social adaptive skills) and educational (learning disabilities). A private hospitalization treatment program for adolescents is described which combines a behavioral and educational approach to the juvenile offender. A case study illustrates how a behavioral/educational program in a private setting can interact with the juvenile justice system offering quantitative data for diagnosis, and treatment and recommendations for final court disposition. (Author)

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THE HOSPITALIZED JUVENILE OFFENDER: A BEHAVIORAL/EDUCATIONAL APPROACH

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BACKGROUND

Studies (Berman and Siegal, 1976; Bacchara and Zaba, 1978) indicate two major deficits in juvenile offenders: (1) behavioral (minimal adaptive social skills) and (2) educational (a history of learning disabilities).

College Hospital in Cerritos, California, is a private hospital offering a 30 bed behavioral treatment program for juvenile offenders for whom juvenile diversion programs or outpatient treatment programs have proven insufficient. The program offers a structured, token economy framework (Moss and Mann, 1978). Each adolescent is registered through the local school district as a special education student receiving daily instruction in the hospital from credentialed special education teachers on contract to the hospital through the school district.

BEHAVIORAL/EDUCATIONAL APPROACH

The behavioral framework involves an open and closed unit, with an intricate system of earnings, spending, privileges, etc. (Moss and Mann, 1978). The emphasis is upon teaching the adolescent (1) to become aware that his or her behaviors have social consequences; (2) to accept the consequences for his or her behavior; and (3) to anticipate possible social consequences for behaviors prior to acting out. Target behaviors (i.e., inappropriate reaction to negative consequences; manipulation; sarcastic, demanding verbalizations when confronted) are delineated which have been described as antecedents to delinquent behaviors. The behaviors are counted during baseline observation, specific plans and objectives are itemized (in problem-oriented medical records format), and frequency probes are charted daily, on all three shifts.

At admission each adolescent receives a thorough psycho-educational evaluation involving intellectual, perceptual, academic and emotional assessment. A specific individual educational plan is delineated for each student. The motivation and reinforcement for school performance is

contained within the token economy itself. In the case of the juvenile offender, it is also reinforced by the court and the probation officer.

ACCOUNTABILITY TO THE COURT

When a juvenile offender is referred from the court, initial diagnostic reports and behavioral observations are submitted, with specific target behaviors, treatment plans, and frequency counts. Subsequent data-oriented progress reports are submitted, listing frequency counts, etc. in the areas of adaptive social skills and educational skills.

Court response has been favorable, since the data-oriented reports lend themselves to more specific and pertinent court decisions at the disposition hearing.

CASE STUDY

Mark, age 17, was admitted to the adolescent treatment unit for an initial thirty day diagnostic evaluation and treatment recommendation. He had had previous juvenile detention and diversion counseling, with minimal behavioral change. He had been involved in stealing, breaking and entering, illegal sale of drugs, truancy and runaway. Since he had six months before turning 18, the court was concerned as to whether he could respond to treatment before becoming an adult.

Mark's initial psychoeducational evaluation (WAIS, Bender-Gestalt, Graham Kendall, Wepman, WRAT, ITPA, Rorschach, TAT, Rotter) revealed a boy of average intelligence, 5th grade academic skills, some residual short term visual perception memory deficits, and an extreme sensitivity to failure, with a tendency to react to confrontation through runaway or explosive acting out behavior.

Two target behaviors were selected for observation and treatment. The behaviors were chosen because in Mark's history, and during his initial admission phase of hospitalization, they were seen as antecedents to delinquent be-

haviors. The behaviors were treated programmatically, through consistent token economy reinforcement, verbal feedback, and occasional written and oral self reports as to the consequences for his behaviors. The target behaviors, and their frequency counts were as follows:

Behavior: Inappropriate Reactions to Negative Consequences

Month	March	April	May	June
Frequency	26	9	4	0

Behavior: Sarcastic Verbalizations

Month	March	April	May	June
Frequency	22	3	1	0

Mark's academic program involved a special education program, with daily practice in basic academic skills and preparation for the High School Equivalency Examination. His progress was as follows:

Month	March	April	May	June
Grade level	5th	7th	9th	High School Diploma

A final target behavior was placement after discharge. The goal was military service. The court arranged a contingency program for Mark whereby he could reduce his felonies to misdemeanors provided he showed "significant progress" operationally defined in terms of a specific number of earned tokens in the hospital program. He achieved the number and, at discharge, had felonies reduced to misdemeanors and entered the military.

REMARKS

With increased data indicating the educational and social adaptive behavior deficits in juvenile offenders, private hospital programs offering a structured, quantitative data gathering approach, with emphasis upon both educational and socially adaptive behaviors can serve the community in

offering the courts an opportunity to assess the juvenile, offer him or her an opportunity for behavior change, and make a final disposition based upon observable data pertaining to the two major underlying deficits in the juvenile offender today.

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